

1093

## ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

## DIVISION OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 199

Place of Birth Maricopa County Pima No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			

I HEREBY CERTIFY that the child described  
herein has been namedDATE OF BIRTH\* August 30 1923  
(Month) (Day) (Year)Rosa Verdusco  
(Give name in full) (Surname)

FULL NAME	FATHER
<u>Elena Verdusco Ruiz</u>	
FULL MAIDEN NAME	MOTHER
<u>Juan Verdusco</u>	

Juan Williams  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar  
10M 11-41 A.P.

956-830-156